

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6		✓				
7		✓				
8		✓				
9		✓				
10		✓				
11		✓				
12		✓				
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43		✓				
44		✓				
45		✓				
46		✓				
47		✓				
48		✓				
49		✓				
50		✓				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								